

**TRIBAL EPIDEMIOLOGY CENTERS**  
Public Health Infrastructure (TECPHI) Program

Year 5  
**QUALITATIVE  
PROJECTS**



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## Acknowledgements

This report was made possible with the collective effort of the 12 Tribal Epidemiology Centers, the Centers for Disease Control and Prevention, and the Tribes, Tribal organizations, and urban Indian organizations they serve. The creation of this report was 100% supported by a cooperative agreement with the Centers for Disease Control and Prevention, number NU58DP006390.

## Introduction

Twelve Tribal Epidemiology Centers (TECs) provide enhanced public health support to American Indian and Alaska Native (AIAN) Peoples, Tribes, Tribal organizations, and urban Indian organizations (T/TO/UIOs) across the nation. The TECs share the mission of improving AIAN health by identifying health risks, strengthening public health capacity, and developing solutions for disease prevention and control. TECs strive to maintain superior skills and knowledge to provide data collection, dissemination, and surveillance services, as well as conduct epidemiologic studies. Each TEC is uniquely positioned in their respective regions to provide technical assistance to the T/TO/UIOs they serve. Support from Tribal and urban Indian leadership, partnership with T/TO/UIOs, adequate funding, and access to data all serve to advance the TEC mission.

## The TECPHI Program

In 2017, the Centers for Disease Control and Prevention's (CDC), National Center for Chronic Disease Prevention and Health Promotion, funded 12 Tribal Epidemiology Centers (TECs) and one Network Coordinating Center (NCC) for a 5-year cooperative agreement called the Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) Program.

The TECPHI Program is a comprehensive funding opportunity designed to improve TEC capacity and infrastructure for disease surveillance, the effectiveness of health promotion and disease prevention, and increase the sustainability of public health activities. Funding has enabled TECs to deliver enriched, culturally-informed services to T/TO/UIOs.

## TECPHI Program Evaluation Plan Year 4 Qualitative Projects

The Year 5 TECPHI Program Evaluation Plan deliverables included two qualitative projects. These projects help create a more holistic picture of work being done to support the health and well-being of AIAN people around the country. Guidelines for these projects were left open to give TECs the freedom to choose their own qualitative methodologies and encourage creativity.

For the first project, TECs were asked to provide additional context for one of the TECPHI Program **Performance Measures** (PMs). The TECs could focus on progress, successes, lessons learned, or highlights related to the TECPHI PM quantitative data reported in any of the five years of the program. The TECPHI PMs include:

1. Number of TEC staff
2. Number of trainings provided or supported by TECs
3. Number of new or expanded partnerships with TECs
4. Number of new or expanded data sharing agreements (DSAs) with TECs
5. Number of publications produced by TECs
6. Number of users of TEC websites
7. Number of TA requests fulfilled by TECs
8. Number of grant opportunities applied for or supported by TECs

The second qualitative project was intended to highlight TEC perspectives on the culmination of the entire program. The question, “**What can TECs do now that they couldn’t do before the TECPHI Program?**” has been **the** guiding question for the entirety of the funding opportunity and TECs have grown in ways that were never feasible prior to five years ago. When conceptualizing this project, the TECs were also asked to think about the sustainability of program outcomes including “Now that the TECs can do these things, what is that potential impact to better address health issues, disparities, and inequities?”

## Sharing TEC Experiences

This collection of projects shares the lived experiences of TECs and the NCC. The projects illustrate how TECs and the NCC are meeting the goals of the TECPHI Program that are not readily stated in the established evaluation data collection and reporting.

These projects were meant to be low-burden. While each TECs’ participation was encouraged, completion of the two qualitative projects was not required. The following report reflects the TEC’s individual insights of the entirety of the TECPHI Program. The projects submitted range from stories, photo narratives, and infographics, to artistic representations of experiences. Through these projects, TECs have given voice and perspective to the settings, communities, and service they provide to their T/TO/UIOs.





## Alaska Native Epidemiology Center (ANEC)

Our qualitative project this year is a narrative summary highlighting some things that have happened at ANEC over the funding period, including some of the work we have done, challenges we have faced, and what our future might look like. It touches on several subjects with the overall aim of showing how ANEC has changed over the funding period because of both an internal desire for continual improvement and external forces (COVID-19 specifically) forcing change upon us.

During September 30th, 2017 through June 30th, 2022, the Alaska Native Epidemiology Center (ANEC) decided to take a deeper look into the services and expertise they provide in order to determine if there were ways they could better serve Tribal Health Organizations and Alaska Native people as a whole. Part of the reason to take an introspective look was driven by the desire to see if ANEC could become even better at achieving its goals and fulfilling its mission, while the other part was the simple reality that ANEC could not operate the same way it always did in a world where COVID-19 now existed. Making these changes would require flexibility and innovation, and ANEC staff were more than up to the challenge.

One new way ANEC decided to improve its services was by taking a deeper look at what our partners thought of the resources we provided. To do this, ANEC conducted key informant interviews (KII) with individuals who received any technical assistance (TA), and began sending post-training evaluation surveys to participants of any ANEC hosted trainings. The feedback we gathered from these efforts are used to determine how our successful our services are, what gaps currently exist, what can be done to improve them, and what kinds of training/TA our partners would like to see in the future.

This process, for both KII's and post-training evaluations, helps guide the work ANEC does. The evaluations, among other things, help us see which specific trainings have the most real world applicability and usefulness so we can offer them again (or offer trainings going into more depth) and help us determine emerging and current topics and subjects that are of most interest to our partners. For KII's, they give us insight into how other entities and organizations view the assistance we provide (and by extension, how well we fulfill our role as a TEC).

Another core way ANEC was able to innovate was its ability to quickly pivot from everyone working from the office to everyone working from home (in response to the COVID-19 pandemic) while still providing the resources and knowledge their partners expected. This task was done successfully via a large effort from all ANEC staff. Keeping track of hardware and software licenses, analyzing health data, providing trainings all throughout the year, organizing and hosting large conferences, creating and publishing reports, managing grants and budgets, hiring and training new staff; all of these efforts (in addition to many others) continued uninterrupted in this new environment, and in some cases were actually expanded upon from earlier years.

The other way ANEC showed its commitment to its goals was via strategic planning. This process initially started in year 2, but over time, it was determined that a more in depth process was needed, and in year 4 ANEC hired an outside strategic planning group to hone our overall purpose and goals. Once that was completed, one of our own staff took the reins into year 5 and helped us further



distill those ideals into clearly defined and actionable steps that are needed to fulfill them. For example, a goal we identified is to “Build EpiCenter’s relationships and reputation to expand our reach across the Alaska Tribal Health System.” Real steps to achieve that include: “Leverage the strength of the Alaska Native Tribal Health Consortium’s Marketing to promote our value.” and “Increase representation of Tribal health organizations on our Scientific Advisory Committee through focused outreach.” With this sharpened focus, ANEC created internal groups to work on each step throughout year 5 and into the next funding cycle.

Altogether, work such as this emphasizes ANEC’s commitment to finding ways to turn goals into reality, and to continually find ways it can improve.



## California Tribal Epidemiology Center (CTEC)

The TECPHI program at the California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC), improved Tribal capacity to prepare for and respond to public health emergencies through partnerships, local-level data, Tribe and Tribal Organization (TO) emergency response subcontracts, culturally responsive material development, and tailored emergency response training. This brief qualitative report highlights key activities that enhanced TEC, Tribe, and TO public health emergency preparedness and response. The funding helped CTEC, Tribes, and TOs implement tailored emergency response activities, obtain local level quality data, develop culturally relevant materials, improve the public health emergency response, and establish key partnerships and collaborations. Together, CTEC, Tribes, TOs, and Urban Indian Organizations increased the capacity to respond to public health emergencies through training, policies, protocols, data, and resources. The experience from COVID-19 and the rapid response equipped Tribal communities with the skills, knowledge, and services needed to mitigate the impact of current and future public health emergencies.

# TRIBAL EPIDEMIOLOGY CENTER PUBLIC HEALTH INFRASTRUCTURE (TECPHI)

5-YEAR QUALITATIVE PROJECT | 2017-2022

An Enhanced Public Health Emergency Response



The California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC), improved Tribal capacity to prepare for and respond to public health emergencies through partnerships, local-level data, Tribe and Tribal Organization (TO) emergency response subcontracts, culturally responsive material development, and tailored emergency response training. This brief qualitative report highlights key activities that enhanced TEC, Tribe, and TO public health emergency preparedness and response.

## TAILORED EMERGENCY RESPONSE TRAINING

### Case Investigations and Contact Tracing

During the COVID-19 pandemic, CTEC trained more than 150 Tribal health staff across California on case investigations and contact tracing in their Tribal communities to mitigate the spread of COVID-19. Through training, Tribal staff were provided case investigation resources, forms, scripts, and databases and trained on use. The training increased awareness of infectious disease protocols and knowledge of case investigation processes. The training enabled Tribes to conduct case investigations and contact tracing alone or in partnership with their local county health departments. The case investigations helped mitigate the spread through culturally responsive outreach and services and supported Tribal resource allocation where most needed. Tribes increased access to care through case investigations by connecting individuals that tested positive with resources unique to their population needs, such as health care, basic supplies, and housing.

## LOCAL LEVEL DATA

### Surveillance Reports and the Covid-19 Data

Access to timely, quality data is critical in public health emergency responses. Unfortunately, data availability and access issues have long plagued Tribal communities, who often lack the representative data needed to inform health responses. CTEC supported rapid data dissemination through data-sharing agreements with Tribes, TOs, the California Department of Public Health (CDPH), the Indian Health Service (IHS), and the Department of Health & Human Services. Since March 2020, CTEC has analyzed and communicated COVID-19 surveillance data through 440 surveillance reports, 28 monthly calls with Tribes and THPs. Tribes used the data to stay informed on the emerging disease and inform their emergency response and allocation of resources.





## MATERIALS

### Culturally Responsive Health Messaging

The COVID-19 pandemic brought about unique challenges in data communication and health messaging. CTEC supported Tribes and TOs in disseminating accurate, culturally responsive messaging through collaborations with Native artists, Native media organizations, and Native communications teams. Together with health experts, Tribal leaders, and Tribal community input, CTEC developed and disseminated health messaging that reflected the unique needs of California Tribes. The messaging increased awareness and promoted COVID-19 testing and vaccinations across California.



## PARTNERSHIPS

### Centers for Disease Control and Prevention (CDC) Foundation COVID-19 Corps

The CDC supported the Tribal emergency response by partnering with CTEC to increase public health workforce infrastructure. The CDC Foundation COVID-19 Corps partnership increased the number of highly trained, technical health data experts and epidemiologists available to support the COVID-19 data needs of California's Tribal communities. A core group of epidemiologists supported health and Tribal priorities through surveillance activities that included the development of situational reports and the COVID-19 dashboard. Additionally, in partnership with CTEC, the CDC Foundation supported Tribes in developing continuity of operations plans and infectious disease emergency response plans. This equipped Tribes with the policies and protocols to guide emergency response and recovery efforts. This partnership improved access to data for American Indian and Alaska Natives through a model that will be adapted to include other health priorities in the future.



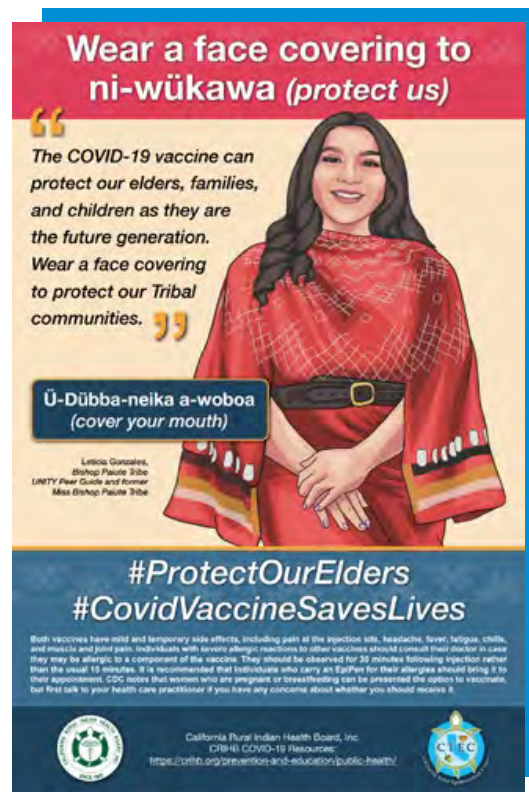


## IMPROVED PUBLIC HEALTH EMERGENCY RESPONSE

### Tribal Health Program COVID-19 Emergency Response Subcontracts

CTEC worked with Tribes and TO's through Tribal Public Health COVID-19 Emergency Funding to support tailored COVID-19 response in 19 Tribal Health Programs (THPs) across California. This funding rapidly expanded testing services and provided support for activities that met the unique needs of each community. Subcontracts with California THPs supported emergency response through two community needs assessments, COVID-19 policy and procedure development for testing and vaccination, distribution of personal protective equipment (PPE), THP staff training in infectious disease, PPE, and infection prevention and control, and community-based outreach and COVID-19 services. THPs rapidly mobilized COVID-19 activities and worked collaboratively with CTEC, CDC, IHS, CDPH, and local county agencies to respond to the health needs of their communities. Through this project, CTEC and THPs increased staff capacity in surveillance and epidemiology, countermeasures and mitigation, and health communication. Additionally, THPs increased preparedness by strengthening infrastructure and organizational capacity to quickly mobilize and respond to future public health emergencies.

Together, CTEC, Tribes, TOs, and Urban Indian Organizations increased the capacity to respond to public health emergencies through training, policies, protocols, data, and resources. The experience from COVID-19 and the rapid response equipped Tribal communities with the skills, knowledge, and services needed to mitigate the impact of current and future public health emergencies.





## Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC)

The ITCA TEC has been able to utilize TECPHI funding in multiple ways throughout the five year cooperative agreement. In year one, the TEC started with two full-time staff that worked to recruit eight Tribal subawardees to work on the TECPHI program. In year two, the team added another epidemiologist to help manage the Opioid supplement for the TECPHI program. The overall focus in this year was on planning and implementation both internally and with Tribal partners. Strategic planning and building an action plan were a focus. During year three, there was a continued focus on implementation and an added emphasis on quality improvement, utilizing partners to train both TEC and Tribal staff. During year four, TECPHI added one more full time employee to assist on the base program and develop evaluation techniques. During year four, the TEC expanded partnerships with training contractors including Blue Stone Strategy Group, the Public Health Foundation, and the Grantsmanship Center that would later lead to more training opportunities.

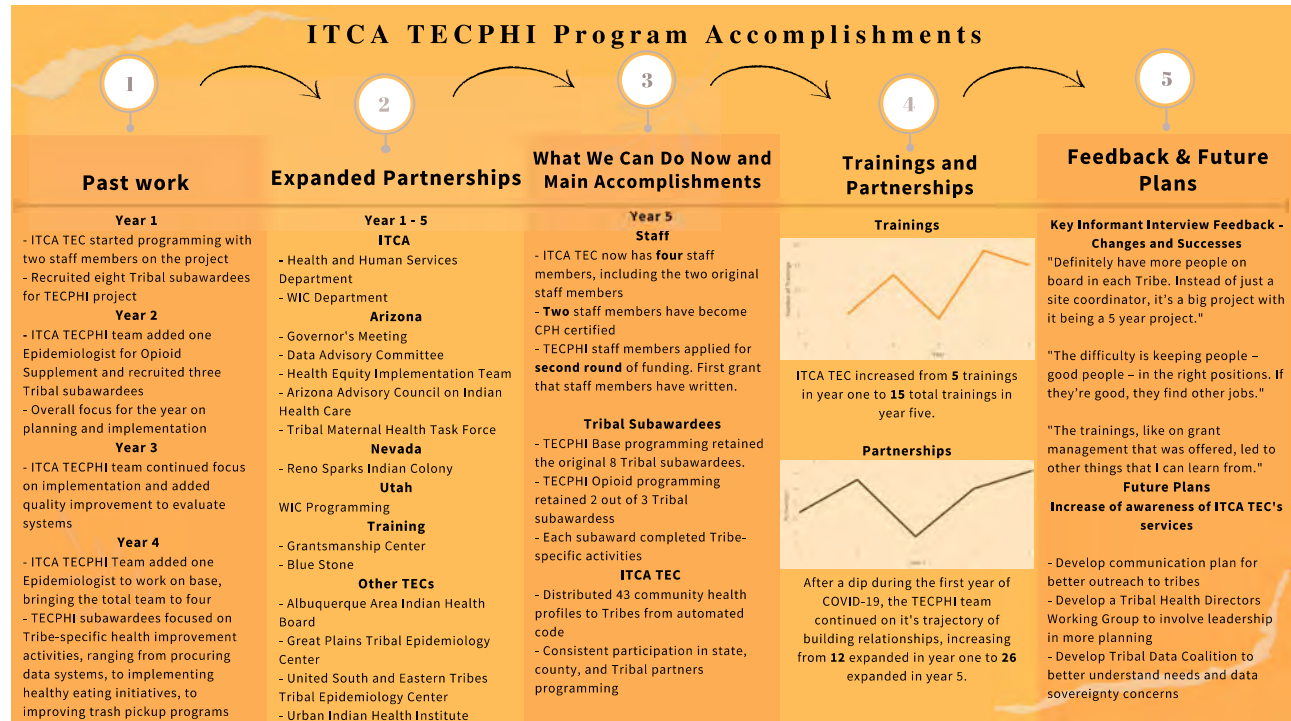
Throughout this time, ITCA TEC used TECPHI resources to help build partnerships throughout the community. Internally, staff worked to build a partnership with Health and Human Services and the ITCA WIC department to collaborate on data needs and how TEC staff could best assist others in ITCA. Many state of Arizona Department of Human Services initiatives allowed staff to build a partnership with the state - continued involvement includes participating in the Governor's Epidemiology Working Group, the Tribal Maternal Health Task Force, and new additions in year five include the Data Advisory Committee and the Health Equity Implementation Team. During year five, the TECPHI team rebooted TEC 'site visits,' albeit virtually. Staff was able to use these meetings to not only build relationships, but learn about how other TECs conducted evaluation, program planning, and their emphasis during the TECPHI project which has assisted in planning for the next cycle.

What the TEC can do now and accomplishments:

- Automated Tribal Community Health Profiles: Produced and distributed 43 and one regional CHP
- Added two full time staff since the first year
- Two Certified in Public Health designations due to partnership with NCC
- Application to second round of TECPHI
- Retention of eight base subaward Tribes and two Opioid Tribes
- Completion of multiple Tribe-specific community health improvement and infrastructure initiatives (ongoing)
- Increased participation in state, county, and Tribal partners programming, working groups, committees and other meetings
- Increased number of available trainings from five in the first year to 15 in year five
- Increased total expanded partnerships from 12 in the first year to 26 in year five

The ITCA TECPHI team is working towards finishing a second round of Key Informant Interviews with subawardees to gain insight into knowledge of public health, what the TECPHI program has done well, and where the TECPHI program (and TEC itself) can improve to better assist area partners. From these and other experiences, the TEC has come away with multiple areas for improvement. Communication is a must, and awareness of the TEC and its' services is lower than we would like. The TEC will develop a communication plan going forward to attempt to build relationships with more Tribes. The TEC has also determined five year subaward agreements are not as efficient as

shorter ones due to multiple issues, namely turnover within Tribal departments. It has also been impressed upon us that leadership buy-in is key and we hope to engage Tribal Health Directors more in the future. Data sovereignty is an issue that has come up frequently during the program, and the TEC hopes to establish a Tribal Data Coalition to involve Tribes directly in airing data needs and concerns. In all of the above ventures, ITCA TEC has learned that input from Tribes, other ITCA departments, and other area organizations with similar goals must be sought in order to A) understand the problems that the community we serve face and B) understand how to best address those problems and provide better services within our scope of work.



## Network Coordinating Center (NCC)

### NCC Year 5 Qualitative Project:

#### What can TECs do now that they were not able to do before?

Supporting and Strengthening TEC workforce development and capacity is a key activity for the Network Coordinating Center (NCC). This includes many aspects of workforce development, from recruiting and filling positions, providing education, outreach, and sharing internship opportunities for students, to providing a wide array of training opportunities to ensure that staff already working at TECs have the opportunity to gain skills necessary for their current position and beyond. As we look back over the past five years, one area the Network Coordinating Center (NCC) has identified as a unique achievement, that would not have been possible without the TECPHI funding opportunity- is the ability to support a variety of facets of personal professional development. Three opportunities stand out: The Management Concepts Grants Management Certificate Program, the CPH Exam Review Course and Certification, and Stephanie Evergreen's Data Academy.

#### Management Concepts Grants Management Certification:

Over the last five years, the NCC has been able to both sponsor several trainings necessary for TEC staff to complete the Grants Management Certificate Program offered by Management Concepts, as well as provide Open-Enrollment opportunities for staff wishing to further their knowledge and education and pursue the full certification. While the NCC could not support all coursework needed to complete the certificate program, the courses offered over the past several years have enabled the successful completion of the process. The Grants Management Certificate Program “is the industry standard for comprehensive professional education in the grants field”<sup>1</sup> and provides the training necessary for managing federal grants. The Grants Management Certificate Programs requires recipients to submit a letter of intent, complete 9 core courses and 6 elective courses, including passing any relevant final exams, and meet all requirements within 3 years of submitting their letter of intent. We are fortunate to have established a relationship with Patrick Smith- a Management Concepts trainer extraordinaire with many years’ experience working with federal grants. Between financial and time costs, completing the certification is a huge achievement and provides the foundational knowledge to be confident and competent grants managers. As of the Year 4 National Evaluation of the TECPHI program, 15 TEC staff had initiated or completed the Management Concepts Grant Management Certification as a result of the NCC sponsored trainings, and are on their way to being grants management experts in their own rights!

#### Certified in Public Health (CPH) Certification:

During the last two years of the TECPHI funding the NCC has sponsored two CPH Exam Review courses in collaboration with the Emory University's Rollins School of Public Health. The CPH exam is a 200-question, 4-hour exam with content that covers the 10 domains of public health practice. It is the only credential for public health professionals demonstrating understanding of key topics

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<sup>1</sup> “Grants Management Certificate Program,” Management Concepts, accessed July 6, 2022, <https://www.managementconcepts.com/Certifications/Management-Concepts-Certificate-Programs/Certificate-Programs/Grants-Management>

in public health. While the course is quite intense, both for the participants, as well as for the facilitators, the results have been great. So far 22 TEC staff have sat and passed their CPH exam, and been able to add three more letters after their names, thanks to the opportunity provided by the NCC! Increasing the number of TEC staff with their CPH certification indicates the broad public health strength TEC staff have, not only in monitoring the health status of the AIAN population, but across all 10 public health domains.

### **Stephanie Evergreen's Data Academy:**

In Year 4/5 the NCC sponsored 6 TEC Staff to complete the year-long Stephanie Evergreen Data Academy. Stephanie Evergreen is well-known as an expert in the field of Data Visualization. Of the 6 TEC staff, 4 completed the Academy and presented to TEC staff about what they learned. While the academy focuses on the individual staff gaining data visualization skills, the results have been inspirational and have had extremely positive ripple effects within their TECs. One TEC staff reported that after she completed the academy she urged her entire program team to enroll in the next academy – and they did! Another TEC staff created an excel document with lollipop charts that can be updated annually to report on performance measures. Both of these are examples of the benefit supporting personal professional development can have for the organization at large! Every year as we analyze the prior year's evaluation data it is evident that this funding opportunity has provided the ability for positive workforce gains, and staff have shared how our invitation to trainings has allowed for opportunities for growth, both personal and professional.





## Oklahoma Area Tribal Epidemiology Center (OKTEC)

Southern Plains Tribal Health Board (SPTHB) OKTEC's TECPHI Program has focused on increasing internal capacity and infrastructure to perform essential public health services in Kansas, Oklahoma, and Texas tribes, tribal organizations, and urban Indian organizations (TTUs). Through activities focused on childhood nutrition, dental care, continuous improvement, opioid awareness, racial misclassification, disease surveillance, and technical assistance, the program has expanded services across the Southern Plains region. Each program has developed strong activities and an infrastructure that has sustainability beyond the scope of the grant cycle. Even through the years of shutdowns and the inception of virtual meetings, resiliency was evident in the life of TECPHI activities.

- WATCH (Wellness Around Traditional Community Health)
  - WATCH programs were developed in 10 early childhood and headstart learning centers and 3 health clinics
  - A 75-pages Manual of Procedures (MOP) was created for sustainability and reproduction of the program after the grant cycle
- NOHN (Native Oral Health Network)
  - First oral health network in Oklahoma focusing on Native communities, involving 130 participants in 14 different states representing 47 unique professions
  - Publication of a national dental brief, "Oral Health Among the Indian Health Service Oklahoma City Population: A Review of the Current Data 2020-2021"
- N.A.T.I.V.E. (Native Americans Together Innovating Value-based Excellence)
  - Developed a quality improvement guide to help TTUs combat waste in organizations
  - 82 staff members (OKCIC, SPTHB, IHCRC) have been trained in Lean Six Sigma certifications
- Kansas Tribal Chronic Disease Project
  - A comprehensive report for the years 2011-2015 was created, highlighting specific health trends of the AI/AN population
  - A comprehensive report for the years 2016-2020 is currently being created to compare and contrast with the previous report
  - Forty-two collaborations and partnerships have been developed to benefit the four Kansas tribes
- Opioid Supplement
  - Tribal Resource Guide was created to focus on racial misclassification and resources for Native communities related to burial benefits
  - An internal Data User Group was developed meeting monthly, focusing on trainings involving Excel, Data Visualization, and Epidemiology

- Surveillance Project

- Partnered with the Oklahoma Indian Health Services (IHS) to help lessen the workload of state agencies regarding contact tracing. Total number of case investigations are 3,287. OKTEC has handled over 65% of all cases in IHS facilities in eight different health center sites across the state of Oklahoma
- The project has since turned into a vaccination awareness program, helping inform Native communities on the importance of vaccinations





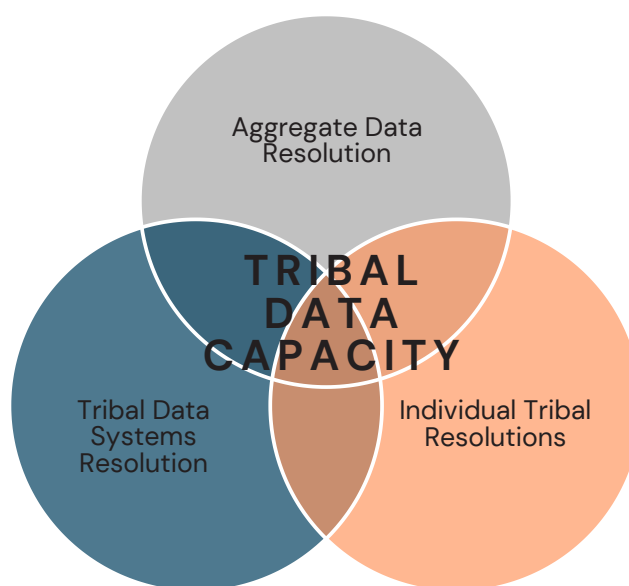
## Rocky Mountain Tribal Epidemiology Center (RMTEC)

After being inactive for over five years, RMTLC, with the help of RMTEC and TECPHI, resumed activity of the Tribal Health Subcommittee. The RMTLC Tribal Health Subcommittee is an important forum for Tribal Leaders and Tribal Health Directors to better understand tribal health priorities, present data to inform health priorities, and to discuss concerns unique to tribal communities in the region. It is also an avenue for the TEC to build capacity in providing recommendations for the improvement of tribal health care delivery and systems. RMTEC specifically provides technical assistance to the Tribal Health Subcommittee through data analytics, data strategic planning, and establishing priorities based on data, all of which are guided by the values of data sovereignty.

### RMTEC YEAR 5 QUALITATIVE PROJECT: BUILDING TRIBAL DATA INFRASTRUCTURE

Reporting Period: September 30, 2017 - June 30, 2022

The Rocky Mountain Tribal Leaders Council (RMTLC), with the help of the Rocky Mountain Tribal Epidemiology Center (RMTEC), resumed activity of the Tribal Health Subcommittee in 2020 after 5 years. This is an important forum for tribal leaders and tribal health directors to better understand tribal health priorities, present data to inform health priorities, and to discuss concerns unique to tribal communities in the Rocky Mountain Region. It is also an avenue for the TEC to build capacity in providing recommendations for the improvement of tribal health care delivery and systems. RMTEC specifically provides technical assistance to the Tribal Health Subcommittee through data analytics, data strategic planning, and establishing priorities based on data, all of which are guided by the values of data sovereignty.



## INCREASING TRIBAL DATA CAPACITY

Before TECPHI, engagement from tribal leadership and tribal health leadership to discuss data issues was minimal. RMTEC was able to consistently gather these leaders and facilitate conversations concerning tribal data systems and data sovereignty. As a result of these conversations, several important data resolutions have been passed by the Tribal Health Subcommittee that aim to strengthen data capacity at the tribal level, and better preparing tribes to identify and address key health issues.

| AGGREGATE DATA RESOLUTION   | TRIBAL DATA SYSTEMS RESOLUTION   | INDIVIDUAL TRIBAL RESOLUTIONS  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Describes the TEC Functions and designates TECs as Public Health Authorities</li> <li>• Resolution language affirms that data is owned by the tribes</li> <li>• Sharing aggregate data (without tribal or individual identifiers) is important for data advocacy</li> <li>• Ensures small sample numbers and data with any possibility of a tribe or person being identified would not be published</li> <li>• Release of any tribal-specific data requires the health director's signature</li> </ul> | <ul style="list-style-type: none"> <li>• Establishes data governance policies and procedures</li> <li>• Focuses on recruiting and developing skilled tribal professionals and community members to manage data</li> <li>• Strengthens relationships between tribal leaders and tribal data experts</li> <li>• Enhances data collection, analysis, and access to tribal program data, better informing tribal leadership to make decisions</li> <li>• Establishes RMTEC as a key partner to develop data reporting and management capacity to improve program services</li> <li>• RMTLC/RMTEC will establish a Tribal Data System Advisory Board</li> </ul> | <ul style="list-style-type: none"> <li>• Updates Data Sharing Agreement aligned with new 5-year TEC grant cycle</li> <li>• Outlines processes of data sharing between tribes and RMTEC, affirms data is owned by the tribes and is under sections of both parties</li> <li>• Outlines the functions of RMTEC and its Public Health Authority status.</li> <li>• Assures requirements for RMTEC staff and contractors to abide by data confidentiality and human subjects protections with proper training</li> <li>• Establishes points of contact and reporting/publication overviews between tribes and RMTEC</li> <li>• References Rocky Mountain Tribal Institutional Review Board as official IRB for RMTEC</li> <li>• Allows RMTEC to collect data on issues of concern for tribes, provide technical assistance, and produce recommendations</li> </ul> |



## United South and Eastern Tribes, Inc. Tribal Epidemiology Center (USET TEC)

### Performance Measure: Number of trainings provided or supported by TECs at least in part by TECPHI funding

USET TEC, in collaboration with Holly Echo Hawk, Nashville Area Indian Health Services, New England MHTTC, and C4 Innovations with support from Northwest Portland Area Indian Health Board and Project ECHO, launched a behavioral health focused Indian Country ECHO: Reclaiming Native Psychological Brilliance. As illustrated below, participants are consistently drawn from across Turtle Island. Each red dot indicates a location where at least one person has joined us from.

March 21



May 20



April 25



June 28





Below are links to recordings of the first six webinars and titles of the last five webinars that will be held in 2022.

|              |  |
|--------------|--|
| January 25   | <a href="#">Introduction to <i>Reclaiming Native Psychological Brilliance</i> series</a> |
| February 22  | <a href="#">Nurturing psychological brilliance and resilience in Native youth</a>        |
| March 22     | <a href="#">Impact of western world view on Indigenous behavioral health supports</a>    |
| April 26     | <a href="#">Native help-declining and help-seeking</a>                                   |
| May 24       | <a href="#">Native trauma layers and post-traumatic growth</a>                           |
| June 28      | <a href="#">Sacred Trust: Assessment and diagnosis through Indigenous lens</a>           |
| July 26      | <a href="#">Substance use and hungry ghosts</a>  |
| August 23    | <a href="#">Role of Indigenous healing practices in Native life re-balance</a>           |
| September 27 | <a href="#">Inspiring Native life transformation plans</a>                               |
| October 25   | <a href="#">Reframing Native mental health</a>   |
| November 22  | <a href="#">Open discussion forum: Reclaiming Native Psychological Brilliance</a>        |





## Urban Indian Health Institute (UIHI)

WHAT CAN UIHI DO  
NOW THAT WE  
COULDN'T DO BEFORE?

*We can deliver all  
10 essential public  
health services,  
adapted to the  
unique cultural and  
geographical needs  
of the urban Indian  
population across  
the country!*

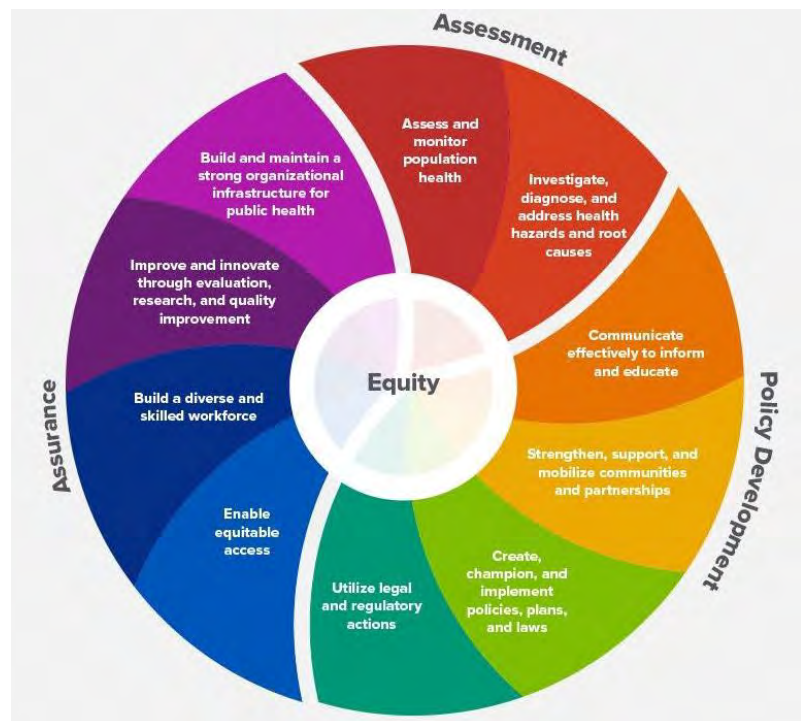
### 10 ESSENTIAL PUBLIC HEALTH SERVICES

One of our roles as a TEC is to deliver the 10 essential public health services to Urban Indian Organizations (UIOs) across the country. Over the past five years, our ability to deliver these services has increased immensely.

We took time to reflect with program managers, directors, staff and others, on how we are now able to deliver critical services corresponding to each of the 10 essential public health services.

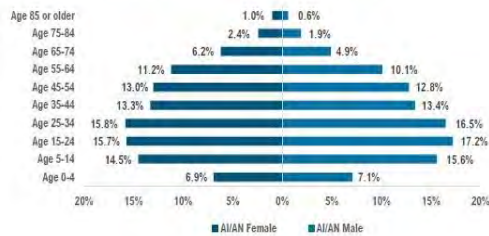
We discussed how our work fits under each of the three main categories of assessment, policy development, and assurance. Then, two evaluators reviewed all the activities listed and assigned them to the most appropriate service category, though many fit under multiple.

In the following slides, we offer just one example for each service category.



## ASSESSMENT

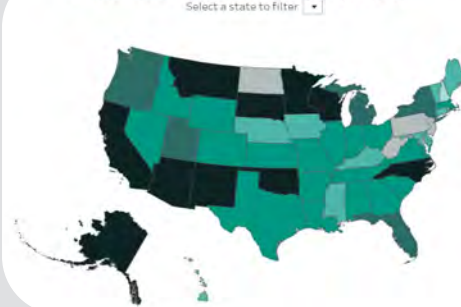
Figure 3. AI/AN Population by Age and Sex: All UIO Service Areas, 2013–2017



**ESSENTIAL PUBLIC HEALTH SERVICE #1**  
Assess and monitor population health status, factors that influence health, and community needs and assets

Community Health Profiles

Nationwide All Counties: Total Count of AI/AN Cases



**ESSENTIAL PUBLIC HEALTH SERVICE #2**  
Investigate, diagnose, and address health problems and hazards affecting the population

Ongoing COVID-19 Analysis

## ASSESSMENT SUMMARY

### Community Health Profiles

Our community health profiles for 44 urban areas across the country provide comprehensive epidemiological information for monitoring and assessing the health of Native people living in urban areas. Our UIO partners have shared with us how they use the profiles for program planning and grant proposals to secure funding. We also published national Community Health Profiles focused on the health of urban Native Elders and youth.

### Ongoing COVID-19 Analysis

During COVID-19 we applied the lessons learned from our Community Health Profile work to develop site reports and a comprehensive data dashboard for COVID-19 rates in urban Native communities. This dashboard also tracks the availability of racial data. The data dashboard is updated weekly to ensure our communities have access to the most updated and accurate information.



## POLICY DEVELOPMENT



**ESSENTIAL PUBLIC HEALTH SERVICE #3**  
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

### Kitchen Table Talks



**ESSENTIAL PUBLIC HEALTH SERVICE #4**  
Strengthen, support, and mobilize communities and partnerships to improve health

### Participation in Workgroups & Partnerships

## POLICY SUMMARY

### Kitchen Table Talks

During COVID-19, we needed methods to share important health information in ways that were accessible and easy to understand. We developed our Kitchen Table Talk format to discuss information like you were chatting with aunties or cousins around your kitchen table. We have hosted seven Kitchen Table Talks so far, covering topics like youth mental health during COVID-19, masking, and participation in clinical trials.

### Participation in workgroups & partnerships

We know effective public health work in Native communities is relational. Building relationships and partnerships is critical to our work. For example, an Indigenous plants and foods curricula work group that our Director of Evaluation and Research participated in many years ago led to an opportunity to do our first social network analysis project, to build our capacity, and to apply our Indigenous evaluation tools in a new way.



## POLICY DEVELOPMENT



**ESSENTIAL PUBLIC HEALTH SERVICE #5**  
Create, champion, and implement policies, plans, and laws that impact health

**MMIWG Resolution**  
Passed by Seattle  
City Council

**“MY GREATEST FEAR IS OTHER STATES USING WASHINGTON AS A MODEL TO ADDRESS MMIWG. IN THIS CASE, MEDIOCRE WORK IS BEING AFFIRMED, WHICH IS HOW STRUCTURAL RACISM EVOLVES AND INVISIBILITY OF MISSING AND MURDERED NATIVE WOMEN INCREASES.”**

**ESSENTIAL PUBLIC HEALTH SERVICE #6**  
Utilize legal and regulatory actions designed to improve and protect the public's health

**“We Demand More”**  
in response to WA  
State Patrol  
MMIWG report

## POLICY SUMMARY

### **MMIWG Resolution Passed by Seattle City Council**

In 2019, the Seattle City Council unanimously approved a resolution that lays out a plan and timeframe to improve data collection and build collaboration between the City and area tribal nations in accounting for MMIWG in Seattle. This effort was led by a City Council member and supported by leadership from Seattle Indian Health Board. The resolution was the first such legislation in the United States—with measurable outcomes for improving some of the systemic problems in data collection and reporting for MMIWG.

### **“We Demand More” in response to Washington State Patrol MMIWG report**

In 2019, the WA State legislature ordered a study to determine how to increase reporting and investigation of missing Native American women. Washington State Patrol conducted the study, and the report was woefully incomplete. The report did not answer the mandate put forth by the legislature. In response, we authored and published “We Demand More” because our Native women deserve justice. We know this cannot happen without the appropriate regulatory response to the legislation.





## ASSURANCE



**ESSENTIAL PUBLIC HEALTH SERVICE #7**  
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

### COVID-19 Vaccine & Treatment Campaigns



**ESSENTIAL PUBLIC HEALTH SERVICE #8**  
Build and support a diverse and skilled public health workforce

### Partnerships to Enhance our Public Health Internship

## ASSURANCE SUMMARY

### COVID-19 Vaccine & Treatment Campaigns

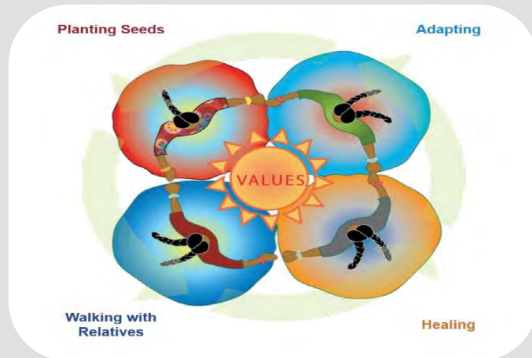
To support the work of UIOs during the pandemic, UIHI launched the #vacciNATION campaign in 2021. We sent out over 30,000 promotional items to encourage vaccination uptake, including t-shirts, masks, bandages, and post-vaccination stickers. The #vacciNATION campaign also reached beyond our immediate Urban Indian Health Network, with several Native community-based organizations and celebrities reaching out to request UIHI posters, t-shirts, and masks.

### Partnerships to Enhance our Public Health Internship

Each summer we aim to expose our interns to different areas of the public health field. We accomplish this through partnering with numerous organizations. We take our interns out into the field to experience what public work can entail and help them build valuable connections. These partnerships include the Washington State Department of Health, Feed 7 Generations, Fred Hutchinson Cancer Research Center, University of Washington, and GRuB. Connections made by former interns led to thesis projects and jobs with partner organizations.



## ASSURANCE



**ESSENTIAL PUBLIC HEALTH SERVICE #9**  
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

### Indigenous Evaluation Frameworks



**ESSENTIAL PUBLIC HEALTH SERVICE #10**  
Build and maintain a strong organizational infrastructure for public health.

### Implementing Systems of Change for Indigenous Public Health

## ASSURANCE SUMMARY

### Indigenous Evaluation Frameworks

Over the past five years we developed, implemented, shared, and adapted our Indigenous Evaluation Framework. The original development was informed by the past research of Indigenous scholars and input from many partners including attendees of the Indigenous People's Conference on Evaluation in New Zealand in 2019. We look forward to building on this strong foundation of work to continue to reclaim evaluation and research as Indigenous practices.

### Implementing Systems of Change for Indigenous Public Health

For too long others have defined what health and wellness look like for urban Native people, but we know the best solutions and knowledge come from our community itself. This is why we maintain our dedicated focus on building the capacity of UIOs through training, funding, and building a strong network of organizations. By building public health programs, evaluation, workforce development and funding that are culturally grounded for Native communities we are cultivating a solid foundation for the bright future of Indigenous Public Health.





## EQUITY

With our mission to decolonize data, we consider health equity across all that we do. Health equity for AI/AN people requires recognizing and remedying centuries of colonization. These harms continue to result in physical, mental, emotional, and spiritual health challenges amongst our people. At the core of our work, across all the public health services we provide, is the intention to create environments where Nations and communities can work to heal from these ongoing and historical traumas and prevent further harm. We will continue to call out injustices and call institutions into better practice—ensuring the health of our urban Indian communities today, tomorrow and for the generations to come.





